Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None"in the "Page Scaling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY

Watkins Uiberall, PLLC 1661 Aaron Brenner Dr., Suite 300 Memphis, Tennessee 38120 Tel: (901) 761-2720 - Fax: (901) 683-1120

Ms. Phyllis Harlan, Treasurer ACBL Charity Foundation 6575 Windchase Blvd Horn Lake, MS 38637

Dear Phyllis:

Enclosed is the organization's 2016 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Benjamin D. Collins

Form 8879	9-EO
-----------	-------------

IRS e-file Signature Authorization for an Exempt Organization

2016

Department of the Treasury Internal Revenue Service

For calendar year 2016, or fiscal year beginning	, 2016, and ending	,
Do not send to the	e IRS. Keep for your records.	

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization

Employer identification number

58-1408671

20

AMERICAN CONTRACT BRIDGE LEAGUE

CHARITY FOUNDATION
Name and title of officer

RUSS JONES

TREASURER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a	Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	282,955.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X lauthorize WATKINS UIBERALL, PLLC	to enter my PIN	64651
ERO firm name		Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2016 electronically filed return. If I have indicated withi is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also enter my PIN on the return's disclosure consent screen.		1.2
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 20 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating c program, I will enter my PIN on the return's disclosure consent screen.	•	
Officer's signature ► Date ►		
Part III Certification and Authentication		
ERO's EFIN/PIN. Enter your six-digit electronic filing identification		
number (EFIN) followed by your five-digit self-selected PIN. 6263803812 do not enter all zer		
I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (<i>N e-file</i> Providers for Business Returns.	•	
ERO's signature Date		
ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To I	Do So	
LHA For Paperwork Reduction Act Notice, see instructions.	For	m 8879-EO (2016)
623051 09-26-16		

			EXTENDED TO NOVEMBER 15	, 201	L7	
	Ω	00	Return of Organization Exempt F	rom l	Income Tax	OMB No. 1545-0047
For	Form 990 Return of Organization Exempt From Inco				cept private foundatior	2016
Depa	artment	of the Treasury	Do not enter social security numbers on this form a	be made public.	Open to Public	
		enue Service	Information about Form 990 and its instructions is a		rs.gov/form990.	Inspection
			ar year, or tax year beginning and e	nding	1	
Β	Check if applicat				D Employer identific	ation number
	∏Addr		ICAN CONTRACT BRIDGE LEAGUE ITY FOUNDATION			
	chan Nam				58_1/	108671
	chan Initia returi		usiness as and street (or P.O. box if mail is not delivered to street address)	Room/suite		100071
	Final	6575	WINDCHASE BLVD	ioom/suite	1 ·	253-3100
	termi ated	n-	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	282,955.
	Amer	nded UODN	LAKE, MS 38637		H(a) Is this a group re	
	Appli tion	F Name a	nd address of principal officer:RUSS JONES		for subordinates	
	pend	^{mg} 6575	WINDCHASE BLVD, HORN LAKE, MS 386	37	H(b) Are all subordinates in	cluded? Yes No
			X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or	r 📃 527	If "No," attach a l	ist. (see instructions)
			ACBL.ORG/ABOUT/CHARITYFOUNDATION		H(c) Group exemption	
			X Corporation Trust Association Other ►	L Year	of formation: 1964 M	State of legal domicile: MS
Pa	T	Summary	MAKE	CONTENT		MODELIN
e	1	Briefly describ	e the organization's mission or most significant activities: MAKE ES & FOSTER POSITIVE PUBLIC RELATI	CONTR ONG I	CD THE CAME	OF BRIDGE
nan	2		$x \models \Box$ if the organization discontinued its operations or dispose			
ver	3					5
ß	4		lependent voting members of the governing body (Part VI, line 12)			5
s S	5		of individuals employed in calendar year 2016 (Part V, line 2a)			0
vitie	6		of volunteers (estimate if necessary)			0
Activities & Governance	7 a		d business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated	business taxable income from Form 990-T, line 34			0.
					Prior Year	Current Year
ne	8		and grants (Part VIII, line 1h)		7,609.	13,266.
Revenue	9	-	ce revenue (Part VIII, line 2g)		257,360.	258,418.
Re	10		come (Part VIII, column (A), lines 3, 4, and 7d)		19,765. -155.	11,260.
	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		284,579.	282,955.
	12 13		 add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3) 		221,050.	281,500.
	14		nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4)		0.	0.
s		-	r compensation, employee benefits (Part IX, column (A), lines 5-10)	·····	0.	0.
Expenses			undraising fees (Part IX, column (A), line 11e)		0.	0.
pe				0.		
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		27,437.	25,197.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		248,487.	306,697.
	19	Revenue less	expenses. Subtract line 18 from line 12		36,092.	-23,742.
Net Assets or Fund Balances					eginning of Current Year	End of Year
Sset	20	Total assets (F			960,384.	911,499.
let A	21		(Part X, line 26)		0. 960,384.	1,000. 910,499.
	22 art II		fund balances. Subtract line 21 from line 20		500,504.	510,459.
		-	I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the hest of my	knowledge and belief it is
			. Declaration of preparer (other than officer) is based on all information of whic			
	, _ ,	,		- F. sparo		

Sign	Signature of officer		Date				
Here	RUSS JONES, TREASURER						
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date Che				
Paid	BENJAMIN D. COLLINS		if self	employed P01307180			
Preparer	Firm's name 🕨 WATKINS UIBERALL		Firm's Elf	N► 62-1804252			
Use Only	Firm's address ▶ 1661 AARON BRENN	ER DR., STE 300					
	MEMPHIS, TN 3812	0	Phone no	.(901) 761-2720			
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)						
				E 000 (as (a)			

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	AMERICAN CONTRACT BRIDGE LEAGUE		
	1990 (2016) CHARITY FOUNDATION	58-140867	/1 Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	<u>L</u>
1	Briefly describe the organization's mission: THE ACBL CHARITY FOUNDATION CORP. IS A NONPROFIT ORGAN	ΝΤΖΑΤΤΟΝ ΜΗΟ)SE
	MISSION IS TO MAKE IMPORTANT CONTRIBUTIONS TO WORTHY (
	FOSTER GOOD PUBLIC RELATIONS FOR THE GAME OF BRIDGE, H		
	CONTRACT BRIDGE LEAGUE, AND FOR ITS MEMBERS.		
2	Did the organization undertake any significant program services during the year which were not listed on the	e	
	prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es?	Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to a	others, the total expen	ses, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 281,500. including grants of \$ 281,500.) (Re	evenue \$ 25	58,429.)
	DISTRIBUTED FUNDS TO VARIOUS ORGANIZATIONS FOR CHARITA	ABLE PURPOSE	ES.
			<u> </u>
4b			
40	(Code:) (Expenses \$ including grants of \$) (Re	evenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Ref. (Code:)) (Ref. (C	evenue \$)
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 281,500.		000
		Fc	orm 990 (2016)
63200	2 11-11-16		
	2		

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AMERICAN	CONTRACT	BRIDGE	LEAGUE
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Form	990 (2016) CHARITY FOUNDATION 58-1408	671	P	age 3
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u> </u>
	complete Schedule G, Part III	19		Х

Form **990** (2016)

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Form	990 (2016) CHARITY FOUNDATION 58-140	8671	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)		_	
		_	Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		x
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes,"			
		26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	
07	Part V, line 1		X	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>^</u>
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
31		37		x
38	Did the organization complete Schedule Q and provide explanations in Schedule Q for Part VI lines 11b and 19?	- 57		<u> </u>

38 Note. All Form 990 filers are required to complete Schedule O

632004 11-11-16

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38 X

Form 990 (2016)

AMERICAN	I CONTRACT	BRIDGE	LEAGUE
CHARITY	FOUNDATION	N	

Fai	Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V				┉
		1.1		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	(gambling) winnings to prize winners?		<u>1c</u>		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		0		
	filed for the calendar year ending with or within the year covered by this return				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returned to the second sec				
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction				x
		~ ~			
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b	+	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	-	4-		x
b	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		
b	If "Yes," enter the name of the foreign country:		-		
Fo	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial <i>J</i> . Was the exception of participation of participation of participation of the text year?		Ea		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans				X
					- 23
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t				x
h	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		
b	If "Yes," did the organization include with every solicitation an express statement that such contributive were not tax deductible?	-	66		
7	Organizations that may receive deductible contributions under section 170(c).		6b		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	arvices provided to the pa	yor? 7a		x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?				
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
U	to file Form 8282?				
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	1 1	7c		X
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		7e		x
f	Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit cont				X
g	If the organization received a contribution of qualified intellectual property, did the organization file F				<u> </u>
-					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine				
•	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?			_	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				
10	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	n 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
	Did the event of the second		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O	14b		

632005 11-11-16

Form 990 (2016)

AMERICAN CONTRACT BRIDGE LEAGUE CHARITY FOUNDATION

58-1408671 Page **6**

Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	5		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	ip with any other			
	officer, director, trustee, or key employee?		. 2		Х
3	Did the organization delegate control over management duties customarily performed by or under th	ne direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	. 4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	5		Х
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a				
	more members of the governing body?		. 7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s				
	persons other than the governing body?		. 7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by the following:			
а	The governing body?		. 8a	Х	
b	Each committee with authority to act on behalf of the governing body?		. 8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		. 9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code.)			
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		. 10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		. 10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		. 12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to conflicts?	12b		
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	/es," describe			
	in Schedule O how this was done		12c		
13	Did the organization have a written whistleblower policy?		13		Х
14	Did the organization have a written document retention and destruction policy?		. 14		Х
15	Did the process for determining compensation of the following persons include a review and approv	al by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?)			
а	The organization's CEO, Executive Director, or top management official		. 15a		Х
	Other officers or key employees of the organization				Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a			
	taxable entity during the year?		16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization's			
	exempt status with respect to such arrangements?		. 16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed NONE				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section 501(c)(3)s only	/) availat	ble	
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request Other (explain	n in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest policy, a	and finan	icial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks and records:			
	JOSEPH JONES - 662-253-3168				
	6575 WINDCHASE BLVD, HORN LAKE, MS 38637				
63200	5 11-11-16		Form	1 990	(2016)
	б				

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Form 990 (2016)

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AMERICAN CONTRAC	T BRIDGE	LEAGUE
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Form 990	(2016)	CHARITY	FOUNDAT	TION			58-1
Part VII	Compensation	of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensate
	Employees, an	d Independe	ent Contrad	ctors			

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

2	(Check this box	if neither t	he organization	nor any rel	ated orc	anization co	ompensated	any currer	nt officer	, director.	or trustee

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	, unle cer an	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week					1/1/1/1/1/1		from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	l trus		ee	npen		(00-2/1033-10100)		and related
	below	d ual t	utiona	_	nploy	st co	5			organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			5
(1) GEORGIA HETH	0.00									
TRUSTEE		Х						0.	0.	0.
(2) JAMES STERNBERG, MD	0.00									
VICE PRESIDENT		Х		X				0.	0.	0.
(3) RUSS JONES	0.00									
TREASURER		Х		X				0.	0.	0.
(4) PHYLLIS HARLAN	0.00									
TRUSTEE		Х						0.	0.	0.
(5) BONNIE BAGLEY	0.00									
PRESIDENT		Х		X				0.	0.	0.
							-			
						-				

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Form **990** (2016)

AMERICAN				RII	OGI	ΞI	E	AGUE				_	
Form 990 (2016) CHARITY I									58-14	108	671	Page 8	
Part VII Section A. Officers, Directors, Trus		ploy	ees			ghes	st C						
(A) Name and title	(B) Average hours per week (list any	Average ours per week			(C) Position not check more than one c, unless person is both an cer and a director/trustee)			(D) Reportable compensation from the	(E) Reportable compensation from related		(F) Estimated amount of other		
	hours for related and transfere of disc organizations transfere of disc below and the set of dis		Former	organization (W-2/1099- (W-2/1099-MISC)			compensation from the organization and related organizations						
1b Sub-total						I		0.		0.		0.	
c Total from continuation sheets to Part VI								0.		0.		0.	
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but n 								-	000 of reportabl	-		0.	
compensation from the organization		1050	IISLE	u ai	5006	5) VVI				C		0	
											Y	es No	
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s											3	x	
 For any individual listed on line 1a, is the su and related organizations greater than \$150 	im of reportab	le co	omp	ensa	ation	n anc	l ot	her compensation from	the organization		4	x	
5 Did any person listed on line 1a receive or a	accrue comper	nsati	ion f	rom	any	unr	elat	ted organization or indiv	idual for services				
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J f	or sı	uch j	pers	son .	<u></u>				5	X	
1 Complete this table for your five highest co the organization. Report compensation for	-	-								pens	ation fro	m	
(A) Name and business			ONE					(B) Description of s		C	(C) ompens	ation	
		110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-				I			<u>.</u>		
2 Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot lir	nite	d to		se lis)	stec	d above) who received m	nore than				
						-					Form 9	90 (2016)	

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Form 990 (2016)

AMERICAN CONTRACT BRIDGE LEAGUE CHARITY FOUNDATION

Par	t VII							
		Check if Schedule O cont	ains a response	or note to any lin	ie in this Part VIII (A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under sections
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d f f	Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abor Noncash contributions included in lines Total. Add lines 1a-1f	1c 1d ions) 1e ts, and 1f 1a-1f: \$	13,266. Business Code 713990	13,266. 258,418.	258,418.	revenue	sections 512 - 514
Progra	e f	All other program service reve Total. Add lines 2a-2f	nue		258,418.			
	3	Investment income (including other similar amounts) Income from investment of tax	dividends, inter x-exempt bond p	est, and proceeds	11,260.			11,260.
	b c	Royalties Gross rents Less: rental expenses Rental income or (loss)	(i) Real	(ii) Personal				
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities	(ii) Other				
Other Revenue	d	Gain or (loss) Net gain or (loss) Gross income from fundraising including \$ contributions reported on line	g events (not of 1c). See					
	с 9 а	Part IV, line 18 Less: direct expenses Net income or (loss) from func Gross income from gaming ac Part IV, line 19	b draising events stivities. See a	►				
	с 10 а b	Less: direct expenses Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sale	ning activities returns a a	····· •				
-		Miscellaneous Revenu MISC INCOME	e	Business Code 713990	11.	11.		
632009	d e 12	All other revenue Total. Add lines 11a-11d Total revenue. See instructions.		►	11. 282,955.	258,429.	0.	11,260. Form 990 (2016)

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AMERICAN CONTRACT BRIDGE LEAGUE Form 990 (2016) CHARITY FOUNDATION

Pa	Part IX Statement of Functional Expenses							
Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	omplete column (A).				
	Check if Schedule O contains a respor							
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations	001 500	001 500					
	and domestic governments. See Part IV, line 21	281,500.	281,500.					
2	Grants and other assistance to domestic							
	individuals. See Part IV, line 22							
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign							
	individuals. See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors,							
<u> </u>	trustees, and key employees							
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)							
7	Other salaries and wages							
8	Pension plan accruals and contributions (include							
Ũ	section 401(k) and 403(b) employer contributions)							
9	Other employee benefits							
10	Payroll taxes							
11	Fees for services (non-employees):							
а	Management	16,951.		16,951.				
b	Legal							
с	Accounting	6,900.		6,900.				
d	Lobbying							
е	Professional fundraising services. See Part IV, line 17							
f	Investment management fees							
g	Other. (If line 11g amount exceeds 10% of line 25,							
	column (A) amount, list line 11g expenses on Sch O.)							
12	Advertising and promotion	85.		85.				
13	Office expenses	.00		05.				
14	Information technology							
15 16	Royalties							
16 17	Occupancy							
18	Travel Pavments of travel or entertainment expenses							
10	for any federal, state, or local public officials							
19	Conferences, conventions, and meetings							
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization							
23	Insurance							
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)							
	amount, list line 24e expenses on Schedule 0.)							
а	OTHER	1,261.		1,261.				
b								
C								
d								
	All other expenses	306,697.	281,500.	25,197.	0.			
<u>25</u> 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	500,097•	201,000	45,1970	0.			
20	reported in column (B) joint costs from a combined							
	educational campaign and fundraising solicitation.							
	Check here							
	II to to thing out to 2 (not tot 120)							

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Form **990** (2016)

AMERICAN CONTRACT BRIDGE LEAGUE CHARTTY FOUNDATION

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Form 990 ((2016) CHARITY FOUNDATION		58-	1408671 Page 11
Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	41,295.	1	7,272.
2	Savings and temporary cash investments	358,920.	2	93,568.
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	21,293.	4	24,302.
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	

	5	Loans and other receivables from current and former officers, directors,			
	5				
		trustees, key employees, and highest compensated employees. Complete		_	
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ţs		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
<	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	538,876.	11	786,357.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	960,384.	16	911,499.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	1,000.
	19			19	
	20	Deferred revenue		20	
	20	Tax-exempt bond liabilities		20	
	21			21	
tie	~~	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.		00	
Lia		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	1 000
	26	Total liabilities. Add lines 17 through 25	0.	26	1,000.
		Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright X and			
ses		complete lines 27 through 29, and lines 33 and 34.	0.60.004		010 400
and	27	Unrestricted net assets	960,384.	27	910,499.
Balances	28	Temporarily restricted net assets		28	
_	29	Permanently restricted net assets		29	
μ		Organizations that do not follow SFAS 117 (ASC 958), check here			
P		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	960,384.	33	910,499.
	34	Total liabilities and net assets/fund balances	960,384.	34	911,499.
					Form 990 (2016)

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AMERICAN	CONTRACT	BRIDGE	LEAGUE
CHARTTV	FOINDATION	ง	

Form	1 990 (2016) CHARITY FOUNDATION	58-140	8671	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			55.
2	Total expenses (must equal Part IX, column (A), line 25)	2			97.
3	Revenue less expenses. Subtract line 2 from line 1	3			42.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			84.
5	Net unrealized gains (losses) on investments	5	-26	5,1	43.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	910),4	99.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		1		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2016)

632012 11-11-16

SCHEDULE A Dublic Chevity Status and Dublic Support						OMB No. 1545-0047			
(Form 990 or 990-EZ)	Form 990 or 990-EZ) Form 990 or 990-EZ) Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.				2016				
						2010			
Department of the Treasury Internal Revenue Service					Open to Public				
						ww.irs.gov/fo		Inspection	
Name of the organizati		ITY FOUNDA	ACT BRIDGE L	LAGOL				identification number $8-1408671$	
Part I Reason			All organizations must co	omplete th	is part) Se	e instruction		0-1400071	
The organization is not a									
r	•		on of churches describe	,	,				
			Attach Schedule E (Forn			- // -//-			
			anization described in s e			ii).			
4 A medical res	search organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
city, and stat	-								
5 An organizati	on operated fo	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental (unit describ	ed in	
		Complete Part II.)							
	-	-	nental unit described in						
			Intial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in	
		omplete Part II.)	(1)(A)(vi). (Complete Par	F II)					
		.,	in section 170(b)(1)(A)	,	ed in conii	inction with a	land-grant	college	
5			culture (see instructions).						
university:		, , ,	,		, .	,,	5		
10 X An organizati	on that norma	lly receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, members	ship fees, a	nd gross receipts from	
activities rela	ted to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its support	from gross investment	
income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.									
See section 509(a)(2). (Complete Part III.)									
	•	-	ively to test for public sa	•				,	
-	-		ively for the benefit of, to				-		
			ed in section 509(a)(1) o of supporting organizatio					HECK THE DOX IN	
	-		supervised, or controlled				-	aivina	
			gularly appoint or elect a						
		complete Part IV, Se		, ,					
b 🗌 Type II. A s	supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organizatio	on(s), by ha	ving	
control or r	nanagement o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported	
	()	t complete Part IV,							
	-		g organization operated				lly integrate	ed with,	
	0		s). You must complete I						
••	-	• •	oorting organization oper				· ·		
	•	v	zation generally must sa nplete Part IV, Sections	•		•	u an attent	veness	
			written determination fro				II Type III		
	•		nally integrated support				, . , p e		
f Enter the number	•		, , , , , , , , , , , , , , , , , , , ,	0 0					
g Provide the follow	ing information		ed organization(s).						
(i) Name of supp organizatior		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	inization listed ing document?	(v) Amount of support (see ir	-	(vi) Amount of other support (see instructions)	
organization	1		above (see instructions))	Yes	No	support (see ii	istructions)		
								<u> </u>	
	duction Act N	lotion can the last	unions for Form 000 -	r 000 EZ	000001 5	01.40 Caba	Nulo A (Earr		
LHA For Paperwork Re	AUCTION ACL N	ionce, see the instr	0010119 101 FULLI 990 0	י 330-E ∠ .	032021 09-	21-10 JCHE	aule A (FOI	m 990 or 990-EZ) 2016	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-13

AMERICAN CONTRACT BRIDGE LEAGUE Schedule A (Form 990 or 990 EZ) 2016 CHARITY FOUNDATION

58-1408671 Page 2

Part II	Support Schedule for	Organizations	Described in 3	Sections	170(b)(1)(A)(iv) and	170(b)(1)(A)(vi)
		•				

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	
_	organization, check this box and stop	here					
	ction C. Computation of Public						
	Public support percentage for 2016 (I					14	%
	Public support percentage from 2015						%
16a	33 1/3% support test - 2016. If the c						ox and
	stop here. The organization qualifies						▶∟
b	33 1/3% support test - 2015. If the c						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac			-	•	•	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets th)
	organization meets the "facts-and-circ		-		• • • •		
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17		and see instruction	

Schedule A (Form 990 or 990-EZ) 2016

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Schedule A (Form 990 or 990 EZ) 2016 CHARITY FOUNDATION

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and	, <i>i</i>	. ,	, <i>i</i>		. , ,	
membership fees received. (Do not						
include any "unusual grants.")	9,756.	13,892.	6,895.	7,609.	13,266.	51,418.
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	270,545.	282,465.	269,654.			1338298.
3 Gross receipts from activities that				-	-	
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
	280,301.	296,357.	276,549.	264,814.	271,695.	1389716.
6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and	200,0010	230,337.	<u> </u>	203,0130	<u> </u>	1000/100
3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						0.
c Add lines 7a and 7b						0. 1389716.
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						1202/10.
alendar year (or fiscal year beginning in)	(a) 2012	(b) 2012	(c) 2014	(4) 2015	(a) 2016	(f) Total
9 Amounts from line 6	280,301.	(b) 2013 296,357.	(c) 2014 276, 549.	(d) 2015 264,814.	(e)2016 271,695.	(f) Total 1389716 •
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	24,379.	21,641.	18,383.	19,765.		95,428.
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 	24,379.	21,641.	18,383.	19,765.	11,260.	95,428.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	304,680.	317,998.	294,932.	284,579.	282,955.	1485144.
14 First five years. If the Form 990 is for 1	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
check this box and stop here						>
Section C. Computation of Public						
15 Public support percentage for 2016 (lir			olumn (f))		15	93.57 %
16 Public support percentage from 2015					16	92.68 %
Section D. Computation of Inves						6 40
17 Investment income percentage for 201					17	6.43 %
18 Investment income percentage from 20						7.32 %
19a 33 1/3% support tests - 2016. If the c	-					
more than 33 1/3%, check this box an b 33 1/3% support tests - 2015. If the c line 18 is not more than 33 1/3%, chec	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%, a	and
20 Private foundation. If the organization						
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			15	Sch		
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AMERICAN CONTRACT BRIDGE LEAGUE Schedule A (Form 990 or 990-EZ) 2016 CHARITY FOUNDATION

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2016

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Pa	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
h	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? <i>If</i> "Yes" <i>to a, b, or c, provide detail in Part VI.</i>	11b 11c		
	tion B. Type I Supporting Organizations	TIC		
000			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. <i>Complete line 2</i> below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> .			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	0h		
2	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i>	3a		
h	trustees of each of the supported organizations? <i>Provide details in Part VI.</i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
U	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
63202	5 09-21-16 Schedule A (Form 9		0-F7	2016
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Schedule A (Form 990 or 990 EZ) 2016 CHARITY FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or 6 collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions) 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 1 2 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 Enter greater of line 2 or line 3 4 Income tax imposed in prior year 5 5

emergency temporary reduction (see instructions) 6 7 \perp Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Distributable Amount. Subtract line 5 from line 4, unless subject to

instructions).

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Schedule A (Form 990 or 990-EZ) 2016

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Schedules A (Form 990 or 990-F2) 2016. CHARTTY FOUNDATION 58-1408571 Page 7. Pert VI Type II Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) 2 Announts paid to supported organizations to accomplish exempt purposes of supported organizations, in excess of income from activity Current Year 3 Announts paid to accomplish exempt purposes of supported organizations, in excess of income from activity Current Year 4 Announts paid to accomplete exempt purposes of supported organizations. Current Year 5 Administruit exepress paid to accomplete exempt purposes of supported organizations. Current Year 5 Administruit exepress paid to accomplete exempt purposes of supported organizations. Current Year 6 Other distributions of distruit exepress paid to 2016 from Section C, line 6 Current Year 7 Total annual distributions. Current Year Stributions Current Year 9 Distributions (acce instructions) Excess Distributions Current Year 1 Destributions and any (regard to 2016 from Section C, line 6 Current Year Current Year 1 Destributions (acce instructions) Excess Distributions Curent Year Curent Year	<u> </u>		ACT DRIDGE LE.		8-1408671 Page 7
Section D - Distributions Current Year 1 Amounts paid to supported organizations to accomplish exempt purposes of supported organizations. Image: Compliance of the second pain of the second purposes of supported organizations. 3 Administrative expenses paid to accomplish exempt purposes of supported organizations. Image: Compliance of the second pain (the second pain (the second pain (the second pain		dule A (Form 990 or 990-EZ) 2016 CHARIII FOUND	$\frac{AIION}{(a)(2)}$	j minotione	0-1400071 Page7
1 Amounts paid to supported organizations to accomplish exempt purposes of supported organizations, in ascess of income from activity administrative expenses paid to accomplish exempt purposes of supported organizations. 3 Administrative expenses paid to accomplish exempt purposes of supported organizations. administrative expenses paid to accomplish exempt purposes of supported organizations. 4 Amounts paid to acquire exemptuse assets accomplish exempt supported organizations. 5 Outlind statistic exemptuse assets accomplish exemptuse assets. 6 Other distributions (accomplish exempt purposes of supported organizations. accomplish exemptuse assets. 7 Total annual distributions. Add lines 1 through 6. accomplish exemptuse assets. accomplish exemptuse assets. 9 Distributable amount for 2016 from Section C, line 6 accomplish exemptuse assets. accomplish exemptuse assets. 1 Distributable amount for 2016 from Section C, line 6 accomplish exemptuse assets. accomplish exemptuse assets. 1 Distributable amount for 2016 from Section C, line 6 accomplish exemptuse assets. accomplish exemptuse. 2 Underdistributions, if any, to 2016: accomplish exemptuse. accomplish exemptuse. 3 Excess distributions acamptuse. accomplish exemptuse. accomplish exempt			(a)(3) Supporting Orga	anizations (continued)	a
2 Amounts paid to perform activity that directly further exempt purposes of supported organizations. 4 Administrative expenses paid to accomplie the exempt purposes of supported organizations. 4 Administrative expenses paid to accomplie the exempt purposes of supported organizations. 5 Qualified set saide amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distribution Allocations (see instructions) (I) 9 Distribution Allocations (see instructions) (I) 9 Line 8 amount divided by Line 9 amount (I) 9 Line 6 amount for 2016 from Section C, line 6 (I) 10 Distributions (f) ray rears prior to 2016 (reason-able cause required: explaint in Part VI). See instructions administribute annotic for 2016 1 Distributions of prior years administribute annotic for years administribute annotic for years 1 Distributions of 2016 (regenerative annotic for 2016 (regene					Current Year
organizations, in excesss of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Anounts paid to acquire exempt-use asets 5 Outlified setastice amounts (pror IRS approval required) 6 Other offshortions (descriptions) 7 Total annual distributions, Add lines 1 through 6 9 Distributions to atterive supported organizations to which the organization is responsive (provide details in Part W). See instructions 9 Distribution for 2016 from Section C, line 6 10 Line B amount divided by Line 9 amount (i) 9 Distribution Allocations (see instructions) Excess Distributions Underdistributions 9 Distribution Allocations (see instructions) Excess distributions Amount for 2016 10 Inderdistributions (arryower, if any, for years prior to 2016 (reason-able cause required-explain in Part W). See instructions Amount for 2016 11 Total of lines 3a through e Image: Cause Ca					
3 Administrative expenses piat to accomplish exempt purposes of supported organizations 4 Amounts piat to acquire exempt use assets 5 Qualified setable amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions 7 Total amount distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide claits in Part VI). See instructions 9 Distributable amount for 2016 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (i) Underdistributions 9 Distributable amount for 2016 from Section C, line 6 1 Distributable amount for 2016 from Section C, line 6 2 Underdistributions, If any, for years prior to 2016 (reacn-able cause required: explaint Part VI). See instructions 3 Excess distributions carryover, If any, to 2016. a Inder distributions of prior years b Inter 2016 c From 2013 d From 2014 f Form 2011 not applied (see instructions) 1 Carryover from 2011 not applied (see instructions) 1 Carryover from 2011 not applied (see instructions)	2		ot purposes of supported		
4 Amounts paid to acquire exemptuse assets 5 Qualified set-aside amounts (prior IRS approved required) 6 Other distributions (describe in Part VI). See instructions 7 Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions 9 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions 9 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions 1 Distributions (for O16 from Section C, line 6 1 Distributions (for O16 from Section C, line 6 2 Underdistributions, dia mount for 2016 (reason-able cause required-explain in Part VI). See instructions 3 Excess distributions carryover, if any, to 2018: 4 From 2013 5 From 2013 6 From 2014 9 Applied to 2016 distributions of prior years 1 Applied to 2016 distributable amount 1 Carryover from 2011 not applied (see instructions) 1 Remaining underdistributions of prior years 4 Appl				-	
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6 Other distributions (describe in Part VI), See instructions 7 Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions 9 Distributable amount for 2016 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (i) (ii) 9 Distributable amount for 2016 from Section C, line 6 1 Distributable amount for 2016 from Section C, line 6 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions a Excess distributions carryover, if any, to 2016: a Excess distributions of prior years b E c From 2013 E c From 2016 trom Section D, E d From 2013 E f Total of lines 3 attrough e E		· · · ·			
7 Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part V). See instructions 9 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part V). See instructions 9 Distributable amount for 2016 from Section C, line 6 10 Line 8 amount divided by Line 9 amount 11 Distributable amount for 2016 from Section C, line 6 12 Underdistributions carryover, if any, to 2016 (reason-able cause required - cypical in Part V). See instructions 3 Excess distributions carryover, if any, to 2016: 4					
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions () 9 Distributable amount for 2016 from Section C, line 6 () 10 Line 8 amount of 2016 from Section C, line 6 () 2 Underdistributions (face instructions) (i) (ii) 8 Distributable amount for 2016 from Section C, line 6 (i) (iii) 1 Distributable amount for 2016 from Section C, line 6 (iii) (iiii) 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions (iiii) (iiiiii) 3 Excess distributions canyover, if any, to 2016: (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii					
(provide details in Part VI). See instructions (i) (ii) 9 Distributable amount for 2016 from Section C, line 6 (i) (iii) (iii) Section E - Distribution Allocations (see instructions) Excess Distributions Underdistributions (iii) Distributable Amount for 2016 from Section C, line 6 1 Distributable amount for 2016 from Section C, line 6 Image: Comparison of the com					
9 Distributable amount for 2016 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (i) Excess Distributions Underdistributions 9 Distributions Allocations (see instructions) Excess Distributions Uit Underdistributions 1 Distributable amount for 2016 from Section C, line 6 Interview of the second of th	8		ne organization is responsive	9	
10 Line 8 amount divided by Line 9 amount (i) (ii) (iii) (iii) (iii) Distributable 2 Distributable amount for 2016 from Section C, line 6					
(i) (ii) (iii) (iii) Section E - Distribution Allocations (see instructions) Excess Distributions Underdistributions Pre-2016 1 Distributable amount for 2016 from Section C, line 6 Image: Section C, line 6 Image: Section C, line 6 Image: Section C, line 6 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required explain in Part V). See instructions Image: Section C, line 6 Image: Section C, line 6 3 Excess distributions carryover, if any, to 2016: Image: Section C, line 6 Image: Section C, line 6 a Image: Section C, line 6 a Image: Section C, line 6 a Image: Section C, line 6 b Image: Section C, line 6 c Romain: Section C, line S, g, h, and Si from 3f. Image: Section C, line S, g, h, and Si from 3f. Image: Section C, line 7 Image: Section C, line S, g, h		· · · · · · · · · · · · · · · · · · ·			
Section E - Distribution Allocations (see instructions) Excess Distributions Underdistributions Pre-2016 Distributable Amount for 2016 1 Distributable amount for 2016 from Section C, line 6 2 Underdistributions, if any, for years prior to 2016 (reason- able cause required- explain in Part VI). See instructions 3 Excess distributions carryover, if any, to 2016: a b d From 2013 d From 2016 f Total of lines 3a through e g Applied to underdistributions of prior years i Distributable amount	10	Line 8 amount divided by Line 9 amount	(1)	(**)	/
2 Underdistributions, if any, for years prior to 2016 (reason- able cause required-explain in Part VI). See instructions 3 Excess distributions carryover, if any, to 2016: a	Sect	ion E - Distribution Allocations (see instructions)		Underdistributions	Distributable
able cause required-explain in Part VI). See instructions 3 Excess distributions carryover, if any, to 2016: a	1	Distributable amount for 2016 from Section C, line 6			
3 Excess distributions carryover, if any, to 2016: a	2	Underdistributions, if any, for years prior to 2016 (reason-			
a b c From 2013 d From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3 from 3f. 4 Distributions for 2016 from Section D, line 7: iiine 7: \$ a Applied to underdistributions of prior years b Applied to underdistributions of prior years c Remaining underdistributions of prior years b Applied to 2016 distributable amount c Remaining underdistributions for prior years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions 7 Excess fistributions carryover to 2017. Add lines 3j and 4c 8 Breakdown of line 7: a Excess from 2013 c Excess from 2013 c Excess from 2014		able cause required- explain in Part VI). See instructions			
b c From 2013 c d From 2014 c c e From 2015 c c f Total of lines 3a through e c c g Applied to underdistributions of prior years c c h Applied to 2016 distributable amount c c i Carryover from 2011 not applied (see instructions) c c j Remainder. Subtract lines 3g, 3h, and 3i from 3f. c c 4 Distributions for 2016 from Section D, c c line 7: \$ c c s a Applied to underdistributions of prior years b Applied to 2016 distributable amount c c Remainder. Subtract lines 4a and 4b from 4 c c s s 5 Remaining underdistributions for 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions c 6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions c c 7 Excess fistributions	3	Excess distributions carryover, if any, to 2016:			
c From 2013 d From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2016 form Section D, line 7: § image: state st	а				
d From 2014 e e From 2015 e f Total of lines 3a through e e g Applied to underdistributions of prior years e h Applied to 2016 distributable amount e i Carryover from 2011 not applied (see instructions) i j Remainder. Subtract lines 3g, 3h, and 3i from 3f. e 4 Distributions for 2016 from Section D, iine 7: iine 7: \$ a Applied to underdistributions of prior years e b Applied to 2016 distributable amount e c Remainder. Subtract lines 4a and 4b from 4 e 7 Remaining underdistributions for years prior to 2016, if any. Subtract lines 4a and 4b from 4 6 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions e 6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions 7 Excess distributions carryover to 2017. Add lines 3j and 4c e 8 Breakdown of line 7: a a a a b Excess from 2013 c c c Excess from 2014	b				
e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2016 from Section D, line 7: s a Applied to underdistributable amount c Remainder. Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 4a and 4b from Le. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions 7 Excess distributions carryover to 2017. Add lines 3j and 4c 8 Breakdown of line 7: a b Excess from 2013 c Excess from 2014	с	From 2013			
f Total of lines 3a through e	d	From 2014			
g Applied to underdistributions of prior years	е	From 2015			
h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2016 from Section D, line 7: s a Applied to underdistributions of prior years b Applied to 2016 distributable amount c Remainder. Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions 7 Excess distributions carryover to 2017. Add lines 3j and 4c 8 Breakdown of line 7: a b Excess from 2013 c Excess from 2014	f	Total of lines 3a through e			
i Carryover from 2011 not applied (see instructions) i j Remainder. Subtract lines 3g, 3h, and 3i from 3f. i 4 Distributions for 2016 from Section D, line 7: \$ a Applied to underdistributions of prior years i b Applied to 2016 distributable amount i c Remainder. Subtract lines 4a and 4b from 4 i 5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions i 6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions i 7 Excess distributions carryover to 2017. Add lines 3j and 4c i 8 Breakdown of line 7: i a i b Excess from 2013 i c Excess from 2014 i	g	Applied to underdistributions of prior years			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2016 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2016 distributable amount c Remainder. Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions 7 Excess distributions carryover to 2017. Add lines 3j and 4c a Breakdown of line 7: a b Excess from 2013 c Excess from 2015	h	Applied to 2016 distributable amount			
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line 7: \$ a Applied to underdistributions of prior years b Applied to 2016 distributable amount c Remainder. Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions 7 Excess distributions carryover to 2017. Add lines 3j and 4c 8 Breakdown of line 7: a b Excess from 2013 c Excess from 2014	j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
a Applied to underdistributions of prior years	4	Distributions for 2016 from Section D,			
b Applied to 2016 distributable amount c Remainder. Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions 7 Excess distributions carryover to 2017. Add lines 3j and 4c 8 Breakdown of line 7: a b Excess from 2013 c Excess from 2014 d Excess from 2015		line 7: \$			
c Remainder. Subtract lines 4a and 4b from 4	а	Applied to underdistributions of prior years			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions 7 Excess distributions carryover to 2017. Add lines 3j and 4c 8 Breakdown of line 7: a b Excess from 2013 c Excess from 2014 d Excess from 2015	b	Applied to 2016 distributable amount			
any. Subtract lines 3g and 4a from line 2. For result greater in and 2. For result greater than zero, explain in Part VI. See instructions 6 6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions 6 7 Excess distributions carryover to 2017. Add lines 3j and 4c 6 8 Breakdown of line 7: 6 a 6 6 b Excess from 2013 6 c Excess from 2014 6 d Excess from 2015 6	с	Remainder. Subtract lines 4a and 4b from 4			
than zero, explain in Part VI. See instructions Image: construction of the second	5	Remaining underdistributions for years prior to 2016, if			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions		any. Subtract lines 3g and 4a from line 2. For result greater			
and 4b from line 1. For result greater than zero, explain in Part VI. See instructions 7 Excess distributions carryover to 2017. Add lines 3j and 4c 8 Breakdown of line 7: a		than zero, explain in Part VI. See instructions			
Part VI. See instructions Part VI. See instructions 7 Excess distributions carryover to 2017. Add lines 3j and 4c 8 Breakdown of line 7: a	6	Remaining underdistributions for 2016. Subtract lines 3h			
7 Excess distributions carryover to 2017. Add lines 3j and 4c 8 Breakdown of line 7: a b Excess from 2013 c Excess from 2014 d Excess from 2015		and 4b from line 1. For result greater than zero, explain in			
and 4cand 4c8 Breakdown of line 7:aaab Excess from 2013ac Excess from 2014ad Excess from 2015a		Part VI. See instructions			
and 4cand 4c8 Breakdown of line 7:aaab Excess from 2013ac Excess from 2014ad Excess from 2015a	7	Excess distributions carryover to 2017. Add lines 3j			
a a a b Excess from 2013 a a c Excess from 2014 a a d Excess from 2015 a a					
a a a b Excess from 2013 a a c Excess from 2014 a a d Excess from 2015 a a	8	Breakdown of line 7:			
c Excess from 2014	а				
d Excess from 2015	b	Excess from 2013			
	с	Excess from 2014			
e Excess from 2016	d	Excess from 2015			
	e	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

632027 09-21-16

Schedule A	(Form 990 or 990-EZ) 201	6 CHARITY	CONTRACT FOUNDATION			58-1408671 _{Pa}
Part VI	Supplemental Info Part IV. Section A. lines 1	r mation. Provide I, 2, 3b, 3c, 4b, 4c, Iines 2 and 3; Part	the explanations re 5a, 6, 9a, 9b, 9c, 1 IV, Section E, lines	quired by Part II, Ia, 11b, and 11c; 1c, 2a, 2b, 3a, and	Part IV, Section B, I d 3b; Part V, line 1;	I7a or 17b; Part III, line 12; ines 1 and 2; Part IV, Section C Part V, Section B, line 1e; Part \
32028 09-21-1	¹⁶ 758935 4952			20		nedule A (Form 990 or 990-EZ) BRIDGE LE 4952

(Forn	HEDULE D n 990) ment of the Treasury I Revenue Service	► Con Part IV,	mplete if the org line 6, 7, 8, 9, 10	anization answe), 11a, 11b, 11c, ⁻ Attach to Form 9	al Statements red "Yes" on Form 990, 11d, 11e, 11f, 12a, or 12b. 990. nstructions is at www.irs.		OMB No. 1545-0047 2016 Open to Public Inspection
-	e of the organizat						ployer identification num
		CHARITY FO					58-1408671
Par		-			Other Similar Funds	or Acco	unts.Complete if the
	organizatio	on answered "Yes" on For	m 990, Part IV, lir				
				(a) Donoi	r advised funds	(b) Fui	nds and other accounts
1		nd of year					
2		of contributions to (during					
3		of grants from (during year					
4		at end of year					
5	-			-	ssets held in donor advised		Yes
6					ontrol? 1 that grant funds can be u		
0	•	•	·		or for any other purpose of		
						-	Yes
Par					red "Yes" on Form 990, Pa		
1		servation easements held		-		,	
		n of land for public use (e.	, .	· –	Preservation of a histor	ically impo	rtant land area
		of natural habitat	· 3 ·,· · · · · · · ·		Preservation of a certifi		
	Preservatio	n of open space					
2	Complete lines 2a	a through 2d if the organiz	ation held a qual	ified conservation	contribution in the form of	f a conserv	ation easement on the last
	day of the tax yea	ar.					Held at the End of the Tax Y
а	Total number of c	onservation easements				2a	
b	Total acreage rest	tricted by conservation ea	asements			2b	
с	Number of conser	rvation easements on a co	ertified historic st	ructure included i	n (a)	2c	
d	Number of conser	rvation easements include	ed in (c) acquired	after 8/17/06, an	d not on a historic structur	e	
	listed in the Nation	nal Register				2d	
3	Number of conser	rvation easements modifie	ed, transferred, re	eleased, extinguis	hed, or terminated by the o	organizatio	n during the tax
	year 🕨						
4		where property subject to					
5		ation have a written policy					
-							
6	Staff and voluntee	er hours devoted to monit	toring, inspecting	, handling of viola	tions, and enforcing conse	ervation ea	sements during the year
7			. increation have				
7		ses incurred in monitoring	, inspecting, nan-	aling of violations	, and enforcing conservation	on easeme	ents during the year
8			d on line 2(d) obe	vo optiofy the rea	uirements of section 170(h		
0		•	. ,	, ,			Yes
9					its revenue and expense s		
Ū		-	-		atements that describes th		
	conservation ease		to to the organize			ie erganize	
Par			Collections of	of Art, Historio	cal Treasures, or Oth	ner Simi	lar Assets.
	Complete i	if the organization answer	ed "Yes" on Forn	n 990, Part IV, line	e 8.		
1a	If the organization	elected, as permitted un	der SFAS 116 (A	SC 958), not to re	port in its revenue stateme	ent and ba	lance sheet works of art,
	historical treasure	s, or other similar assets	held for public ex	hibition, educatio	n, or research in furtherand	ce of public	c service, provide, in Part X
	the text of the foo	otnote to its financial state	ments that descr	ibes these items.			
b	If the organization	elected, as permitted un	der SFAS 116 (A	SC 958), to report	t in its revenue statement a	and balanc	e sheet works of art, histori
	treasures, or othe	r similar assets held for p	ublic exhibition, e	ducation, or rese	arch in furtherance of publ	ic service,	provide the following amou
	relating to these it						
							\$
							\$
2					similar assets for financial g	gain, provid	de
		unts required to be report					
						🕨	
		Reduction Act Notice, see	e the Instruction	is for Form 990.			Schedule D (Form 990) 2
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:20	515 750021	5 1952	2016			ידסם יח	DCF I.F 1050
520	515 75893	5 4952	2016.0	03050 AME	RICAN CONTRAC	T BRI	DGE LE 4952_

	AMERICA	N CONTRACT	BRIDGE	LE	AGUE					
Sche		FOUNDATION							08671	
Par	t III Organizations Maintaining (Collections of Ar	t, Historic	al Tr	easures, or C	Other	Simila	ar Asse	ts (continu	ed)
3	Using the organization's acquisition, access	ion, and other records	s, check any	of the	following that are	e a sigr	ificant ι	use of its	collection i	items
	(check all that apply):									
а	Public exhibition	d			hange programs					
b	Scholarly research	е	U Other							
с	Preservation for future generations									
4	Provide a description of the organization's c	-	-		-			se in Par	t XIII.	
5	During the year, did the organization solicit of		,		,				٦	<u> </u>
De	to be sold to raise funds rather than to be m								Yes	No No
Par	t IV Escrow and Custodial Arran		te if the orga	nizatio	n answered "Yes	s" on Fo	orm 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod		-						7	
	on Form 990, Part X?							L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:						•	
									Amount	
	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
t	Ending balance						1 f		X	
	Did the organization include an amount on F		-			-	?	L	Yes	
	If "Yes," explain the arrangement in Part XIII									
Par	t V Endowment Funds. Complete				1			aara baali		aara baali
		(a) Current year	(b) Prior y	ear	(c) Two years ba	ск (а)	i nree y	ears dack	(e) Four y	ears dack
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
-	End of year balance				<u> </u>					
2	Provide the estimated percentage of the cur	rrent year end balance		umn (a	a)) held as:					
	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ession of the organiza	tion that are	held a	nd administered	for the	organiz	ation		
	by:									es No
	(i) unrelated organizations									
•-	(ii) related organizations									
-	If "Yes" on line 3a(ii), are the related organiza								3b	
4	t VI Land, Buildings, and Equip		vment funds							
Fai			Dort IV line	11.0		ut V lim	a 10			
	Complete if the organization answere							-1	(-1) D	
	Description of property	(a) Cost or ot basis (investm		•	or other ((other)		umulate ciation	u	(d) Book v	alue
4-	Land			Ja515		uepre	CIALIUIT			
	Land									
	Buildings									
	Leasehold improvements									
	Equipment									
	Other		(lin - A	(0-)					0.
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part >	к, coiumn (B,	, iine 1	UC.)				D / E	
								schedule	D (Form 9	990) 2016

Part VII Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990 Part IV	line 11b See Form 990	Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value		valuation: Cost or en	d-of-year market valu
) Financial derivatives				•
Closely-held equity interests				
Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)	<u> </u>			
(G)				
(H)				
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
art VIII Investments - Program Related.				
Complete if the organization answered "Yes"		, line 11c. See Form 990	, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of	valuation: Cost or en	d-of-year market valı
(1)				
(2)				
(3)				
(4)				
(5)	<u> </u>			
(6)				
(7)	<u> </u>			
(8)				
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►				
	Description	, illie 11d. See Form 990		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Column (b) must equal Form 990, Part X, col. (B) lin	ıe 15.)		►	
Part X Other Liabilities.				
		, line 11e or 11f. See For	m 990, Part X, line 25	5.
Complete if the organization answered "Yes"	' on Form 990, Part IV	·		
Complete if the organization answered "Yes" (a) Description of liability	' on Form 990, Part IV	(b) Book value		
	' on Form 990, Part IV		_	
(a) Description of liability	' on Form 990, Part IV		-	
(a) Description of liability (1) Federal income taxes (2)	' on Form 990, Part IV		-	
(a) Description of liability (1) Federal income taxes (2) (3)	on Form 990, Part IV		-	
(a) Description of liability (1) Federal income taxes (2) (3) (4)	' on Form 990, Part IV			
(a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	on Form 990, Part IV			
(a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	' on Form 990, Part IV			
(a) Description of liability (1) Federal income taxes (2) (3) (3) (4) (5) (6) (7) (7)	' on Form 990, Part IV			
(a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	' on Form 990, Part IV			
(a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)				
(a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) ottal. (Column (b) must equal Form 990, Part X, col. (B) line	ne 25.) ►	(b) Book value		
(a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	<i>ne 25.)</i> ▶ e the text of the footn	(b) Book value		

AMERICAN	CONTRACT	BRIDGE	LEAGUE
CHARITY	FOUNDATION	1	

	edule D (Form 990) 2016 CHARITY FOUNDATION			<u>58-1</u>	408671 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With	Revenue per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	256,812.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-26,143.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-26,143.
3	Subtract line 2e from line 1			3	282,955.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)			5	282,955.
	rt XII Reconciliation of Expenses per Audited Financial Sta	tements Wit		Retur	
	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line	tements Wit	h Expenses per	Retur	n.
	rt XII Reconciliation of Expenses per Audited Financial Sta	tements Wit	h Expenses per	Retur	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line	tements Wit	h Expenses per		n.
Pa 1	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	tements Wit	h Expenses per		n.
Pa 1 2	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	tements Wit	h Expenses per		n.
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	tements With 12a. 2a 2b	h Expenses per		n.
Pa 1 2 a b	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	h Expenses per		n. 306,697.
Pa 1 2 a b c	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	h Expenses per		n. <u>306,697.</u> 0.
Pa 1 2 a b c d	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	h Expenses per	1	n. 306,697.
Pa 1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	h Expenses per	1 2e	n. <u>306,697.</u> 0.
Pa 1 2 a b c d e 3	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	h Expenses per	1 2e	n. <u>306,697.</u> 0.
Pa 1 2 a b c d 3 4	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	h Expenses per	1 2e	n. <u>306,697.</u> 0.
Pa 1 2 a b c d 3 4 a	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 12a. 2b 2b 2c 2d	h Expenses per	1 2e	n. <u>306,697.</u> 0. <u>306,697.</u> 0.
Pa 1 2 a b c d e 3 4 a b c 5	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 12a. 2b 2c 2d 2d 4a 4b	h Expenses per	1 2e 3	n. <u>306,697.</u> 0. <u>306,697.</u>

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

632054 08-29-16

SCHEDULE I (Form 990)	Go	Grants and Other of the other of the other	nd Individual	s in the Ŭni	ted States		OMB No. 1545-0047
	Comp	lete if the organizatio			rt IV, line 21 or 22.		
Department of the Treasury Internal Revenue Service			Attach to For				Open to Public Inspection
		ion about Schedule I BRIDGE LEAG		instructions is a	t www.irs.gov/form9	90.	
Name of the organization AMERICAN CHARITY F			50E				Employer identification numbe 58-1408671
Part I General Information on Grants a	Ind Assistance						
1 Does the organization maintain records	to substantiate th	e amount of the grants	s or assistance, the	grantees' eligibility	y for the grants or as	sistance, and the sele	ction
criteria used to award the grants or assi	stance?						
2 Describe in Part IV the organization's pr	ocedures for mon	toring the use of grant	t funds in the United	d States.			
Part II Grants and Other Assistance to	Domestic Organ	izations and Domesti	i c Governments. C	omplete if the orga	anization answered ""	Yes" on Form 990, Pa	rt IV, line 21, for any
recipient that received more than	\$5,000. Part II car	be duplicated if addit	tional space is need	led.		i	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALACBU SCHOLARSHIP FOUNDATION							
11033 BARMAN AVE							
CULVER CITY, CA 90203	20-3611070	501(C)(3)	13,500.	Ο.			OPERATIONS
HOMES FOR OUR TROOPS							
6 MAIN ST.							
TAUNTON, MA 02780	54-2143612	501(C)(3)	7,500.	0.			OPERATIONS
WILMER EYE INSTITUE			,				
JOHN HOPKINS UNIV. 600 W. WOLFE							
ST. WILMER 112 - BALTIMORE, MD							
21287	52-0595110	501(C)(3)	7,500.	Ο.			OPERATIONS
CHESAPEAKE BAY FOUNDATION							
BROCK ENVIRONMENT CENTER, 3663							
MARLIN BAY DRIVE - VIRGINIA BEACH,							
VA 23455	52-6065757	501(C)(3)	7,500.	0.			OPERATIONS
ANA'S ANGELS - JACKSONVILLE FL							
4525 HOOD RD							
JACKSONVILLE, FL 32257	56-2407865	501(C)(3)	6,000.	0.			OPERATIONS
GUARDIAN AD LITEM FOUNDATION OF TB							
14250 49TH ST. SUITE 4000		F01 (() ())					
CLEARWATER, FL 33762		501(C)(3)	6,000.	0.			OPERATIONS
2 Enter total number of section 501(c)(3) a	-	-					🟲
3 Enter total number of other organization LHA For Paperwork Reduction Act Notice							Schedule I (Form 990) (201

Schedule I (Form 990)

CHARITY FOUNDATION

Part II Continuation of Grants and Other			anizations in the II	nited States (Sch	edule I (Form 990) Pa		00-14000/1 Pa
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH PALM BEACH CNTY CHPT							
PARKINSON FDTN - 21301 POWERLINE							
RD, SUITE 300 - BOCA RATON, FL							
33433	APPLIED FOR	501(C)(3)	6,000.	0.			OPERATIONS
CENTER OF ARTS OF BONITA SPRINGS 26100 OLD 41 ROAD BONITA SPRINGS, FL 34135	65-0295085	501(C)(3)	6,000.	0.			OPERATIONS
HEART TO HEART							
3586 ALOMA AVE							
WINTER PARK, FL 32792	59-3132600	501(C)(3)	6,000.	0.			OPERATIONS
GREATER CLEVELAND FOOD BANK 15500 S WATERLOO RD							
CLEVELAND, OH 44110	34-1292848	501(C)(3)	6,000.	0.			OPERATIONS
THE MIDLOTHIAN HEALTH CLINIC 201 WICK AVE YOUNGSTOWN, OH 44503	01-0887315	501(C)(3)	6,000.	0.			OPERATIONS
THE LITTLE PORTION FRIARY							
1305 MAIN STREET							
BUFFALO, NY 14209	16-1202510	501(C)(3)	6,000.	0.			OPERATIONS
THE DALE ASSOCIAITON, INC 315 BEWLEY BUILDING							
LOCKPORT, NY 14094	16-0863230	501(C)(3)	6,000.	0.			OPERATIONS
THE WOMEN'S RECOVERY CENTER OF CLEVELAND OHIO - 62090 STORER AVE							
- CLEVELAND, OH 44102	34-1496171	501(C)(3)	6,000.	0.			OPERATIONS
RAINBOW SERVICE 453 W 7TH STREET							
SAN PEDRO, CA 90731	95-3855705	501(C)(3)	5,000.	0.			OPERATIONS

Schedule I (Form 990)

Schedule I (Form 990)

CHARITY FOUNDATION

58-1408671 Page 1

Schedule I (Form 990) CHARLII F							0-14000/1 Page
Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	anizations in the U	nited States (Scho	edule I (Form 990), Pa	urt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POP/WEST VALLEY FOOD PANTRY 5700 RUDNICK AVE WOODLAND HILLS, CA 91367	13-5562208	501(C)(3)	5,000.	0.			OPERATIONS
FOOD BANK OF NORTHERN NEVADA 550 ITALY DRIVE MCCARRAN, NV 89434	94-2924979	501(C)(3)	5,000.	0.			OPERATIONS
MARYHOUSE LOVES & FISHES 1321 NORTH C STREET #32 SACRAMENTO, CA 95814	68-0189897	501(C)(3)	5,000.	0.			OPERATIONS
VALLEY TEEN RANCH 2610 W SHAW LANE, STE 105 FRESNO, CA 93711	94-2901078	501(C)(3)	5,000.	0.			OPERATIONS
SECOND HARVEST FOOD BANK OF SANTA CLARA – 4001 NORTH 1ST ST. – SAN JOSE, CA 95134	94-2614101	501(C)(3)	5,000.	0.			OPERATIONS
SAN FRANCISCO AND MARTIN FOOD BANK 900 PENNSYLVANIA AVE SAN FRANCISCO, CA 94107	94-3041517	501(C)(3)	5,000.	0.			OPERATIONS
RIDE TO WALK 1630 HWY 193 LINCOLN, CA 95648	68-0058893	501(C)(3)	5,000.	0.			OPERATIONS
INVICTUS WOODS ENDOWMENT CORP 2116 PROSPECT RD PEORIA, IL 61603	46-1323458	501(C)(3)	18,000.	0.			OPERATIONS
ESPERANCA 1911 W. EARLL DR PHOENIX, AZ 85015	23-7087997	501(C)(3)	10,000.	0.			OPERATIONS

Schedule I (Form 990)

Assistance to Go (b) EIN	vernments and Orga (c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash	(f) Method of	(g) Description of	(h) Purpose of grant
			assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
88-050-2320	501(C)(3)	5,000.	0.			OPERATIONS
01-0612200	501(C)(3)	5 000	0			OPERATIONS
01 0012200	501(0)(5)	5,000.	••			
20-4147027	501(C)(3)	5,000.	0.			OPERATIONS
		,				
APPLIED FOR	501(C)(3)	5,000.	Ο.			OPERATIONS
03-0287599	501(C)(3)	5,000.	0.			OPERATIONS
75-2641482	501(C)(3)	5,000.	0.			OPERATIONS
62-1348105	501(C)(3)	25,000.	0.			OPERATIONS
	20-4147027 APPLIED FOR 03-0287599 75-2641482	20-4147027 501(C)(3) APPLIED FOR 501(C)(3) 03-0287599 501(C)(3) 75-2641482 501(C)(3)	20-4147027 501(C)(3) 5,000. APPLIED FOR 501(C)(3) 5,000. 03-0287599 501(C)(3) 5,000. 75-2641482 501(C)(3) 5,000.	20-4147027 501(C)(3) 5,000. 0. APPLIED FOR 501(C)(3) 5,000. 0. 03-0287599 501(C)(3) 5,000. 0. 75-2641482 501(C)(3) 5,000. 0.	20-4147027 501(C)(3) 5,000. 0. APPLIED FOR 501(C)(3) 5,000. 0. 03-0287599 501(C)(3) 5,000. 0. 75-2641482 501(C)(3) 5,000. 0.	20-4147027 501(C)(3) 5,000. 0. APPLIED FOR 501(C)(3) 5,000. 0. 03-0287599 501(C)(3) 5,000. 0. 75-2641482 501(C)(3) 5,000. 0.

Schedule I (Form 990)

Schedule I (Form 990) (2016)

CHARITY FOUNDATION

58-1408671

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990.



Employer identification number 58-1408671

FORM 990, PART VI, SECTION B, LINE 11B:

CHARITY FOUNDATION

THE TREASURER REVIEWS AND APPROVES THE 990 BEFORE IT IS FILED.

AMERICAN CONTRACT BRIDGE LEAGUE

FORM 990, PART VI, SECTION C, LINE 19:

ACBL CHARITY FOUNDATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE

PUBLIC ON ITS WEBSITE. OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON

REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632211 08-25-16

Schedule O (Form 990 or 990-EZ) (2016)

30

SCHEDULE R (Form 990)		Related Organizations lete if the organization answered " Atta rmation about Schedule R (Form 9		201 201 Open to P Inspecti	6 ublic				
Name of the organ		RACT BRIDGE LEAGUE		ployer identification numbe $58 - 1408671$					
Part I Identifi	cation of Disregarded Entities. Complet	te if the organization answered "Yes'	' on Form 990, Part IV, line 3	33.					
Name, a	(a) address, and EIN (if applicable) of disregarded entity	(b) Primary activity			(e) me End-of-year a	issets		(f) controlling entity	g
		-							
Part II Identifi	cation of Related Tax-Exempt Organiza	ations. Complete if the organization a	answered "Yes" on Form 99	0, Part IV, line 34 b	pecause it had one o	r more relat	ted tax-ex	empt	
1	ations during the tax year. (a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct co ent	ntrolling	conti	g) 512(b)(13) rolled tity? No
	ACT BRIDGE LEAGUE, INC 75 WINDCHASE BLVD, HORN LAKE,	TO PROMOTE AND SUSTAIN THE GAME OF BRIDGE	MISSISSIPPI	501(C)(4)					x
	ACT BRIDGE LEAGUE EDUCATIONAL 8-1733600, 6575 WINDCHASE E, MS 38637	TO INCREASE AWARENESS OF CONTRACT BRIDGE	MISSISSIPPI	501(C)(3)	LINE 10				x
		-							
		-							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2016

OMB No. 1545-0047

AMERICAN CONTRACT BRIDGE LEAGUE CHARITY FOUNDATION

Schedule R (Form 990) 2016

58-1408671 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate itions?	Code V-UBI amount in box 20 of Schedule	Genera manag partn	^{I or} Percentage ^{ing} ownership r?
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes I	10
]										
	-										
	1										
	-										
	-										
										+	
	-										
	4										
	4										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(l cont ent	(i) ction (b)(13) trolled tity?
		country)				400010		Yes	No

AMERICAN CONTRACT BRIDGE LEAGUE CHARITY FOUNDATION

Schedule R (Form 990) 2016

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.							
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X			
	Gift, grant, or capital contribution to related organization(s)	1b		Х			
с	Gift, grant, or capital contribution from related organization(s)	1c		Х			
	Loans or loan guarantees to or for related organization(s)	1d	Х				
е	Loans or loan guarantees by related organization(s)	1e		Х			
				37			
f	Dividends from related organization(s)	1f		X			
	Sale of assets to related organization(s)	1g		X			
h	Purchase of assets from related organization(s)	1h		X			
i	Exchange of assets with related organization(s)	1i		Х			
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X			
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х			
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х			
	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Х				
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х			
	Sharing of paid employees with related organization(s)	10		Х			
р	Reimbursement paid to related organization(s) for expenses	1p		X			
q	Reimbursement paid by related organization(s) for expenses	1q		X			
r	Other transfer of cash or property to related organization(s)	1r		X			
s	Other transfer of cash or property from related organization(s)	1s		Х			
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.						

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICAN CONTRACT BRIDGE LEAGUE, INC.	м	16,951.	
(2) AMERICAN CONTRACT BRIDGE LEAGUE, INC.	D	17,215.	
<u>(3)</u>			
<u>(4)</u>			
<u>(5)</u>			
<u>(</u> 6)	22		

Schedule R (Form 990) 2016 CHARITY FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501 (c) orgs Yes) all s sec.)(3) .?	(f) Share of total income	(g) Share of end-of-year assets	(I Dispr tior alloca Yes	opor- ate ions?	of Schedule K-1	(j) General managin partner? Yes No	(k) Percentage ownership
	-							100	110			
	-											

Schedule R (Form 990) 2016

Schedule R (Form 990	2016
Ochequie III	10111 330	12010

AMERICAN CONTRACT BRIDGE LEAGUE CHARITY FOUNDATION

Part VII	Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

632165 09-06-16

(Rev. January 2017)

Department of the Treasury

Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	Enter filer's identifying number		
Type or print	Name of exempt organization or other filer, see instructions. Er AMERICAN CONTRACT BRIDGE LEAGUE CHARITY FOUNDATION			Employe	Employer identification number (EIN) or $58 - 1408671$		
File by the due date fo filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. So 6575 WINDCHASE BLVD		Social se	ocial security number (SSN)			
instructions	City, town or post office, state, and ZIP code. For a HORN LAKE, MS 38637	ı foreign add	ress, see instructions.				
Enter the	e Return Code for the return that this application is for ((file a separa	te application for each return)				
Applicat	Application Return Application					Return	
Is For	Code Is For					Code	
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 99	0-BL	02	Form 1041-A			08	
Form 47	20 (individual)	03	Form 4720 (other than individual)			09	
Form 99	0-PF	04	Form 5227			10	
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 99	0-T (trust other than above) JOSEPH JONES	06	Form 8870	12			
 If the If this box 1 I reform If this box <	hone No. ► <u>662-253-3168</u> organization does not have an office or place of busine is for a Group Return, enter the organization's four dig . If it is for part of the group, check this box ► equest an automatic 6-month extension of time until the organization named above. The extension is for th . The organization named above. The extension is for th . Calendar year <u>2016</u> or . tax year beginning he tax year entered in line 1 is for less than 12 months, . Change in accounting period	it Group Exe and atta NOVEI e organizatio	emption Number (GEN) I uch a list with the names and EINs of MBER 15, 2017 , to file on's return for: d ending	f this is fo [:] all memb	r the whole operative stress the extension or ganiza	nsion is for.	
3a lft	his application is for Forms 990-BL, 990-PF, 990-T, 472	20, or 6069,	enter the tentative tax, less any				
nonrefundable credits. See instructions.					\$	0.	
b lft	his application is for Forms 990-PF, 990-T, 4720, or 606	69, enter an	y refundable credits and				
estimated tax payments made. Include any prior year overpayment allowed as a credit.						0.	
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,							
by using EFTPS (Electronic Federal Tax Payment System). See instructions.					\$	0.	
instructio	: If you are going to make an electronic funds withdraw ons. For Privacy Act and Paperwork Reduction Act Notic	-		453-EO ai		79-EO for payment 3868 (Rev. 1-2017)	